



PATENT
450100-03145

2625

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Tetsujiro KONDO et al.
Serial No. : 09/824,284
For : **EMBEDDED CODING UNIT AND EMBEDDED CODING
METHOD, DECODING UNIT AND DECODING
METHOD, AND STORAGE MEDIUM**
Filed : April 2, 2001
Examiner : T. Johnson
Art Unit : 2625

745 Fifth Avenue
New York, NY 10151
Tel. (212) 588-0800

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JUN 1 0 2004

Technology Center 2600

I hereby certify that this correspondence is being deposited with
The United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Amendment, Commissioner for Patents,
Alexandria, VA 22313-1450, on June 2, 2004.

Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

Darren M. Simon

Signature

June 2, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued March 4, 2004, please consider
the following amendment to the above-referenced application.

06/08/2004 RMEBRAHT 00000089 09824284

01 FC:1201 172.00 OP
02 FC:1202 36.00 OP



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AND DECODING METHOD, AND STORAGE MEDIUM
Filed : April 2, 2001
Examiner : JOHNSON, Timothy M.
Art Unit : 2625

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

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Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	35	Minus	33 =	2 ×	\$18(9)	= \$36.00
Independent claims	8	Minus	6 =	2 ×	\$86(43)	= \$172.00
				Total additional fee for this amendment		= \$208.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A USPTO Form 2038 – Credit Card Payment Form in the amount of \$ 208.00 is attached, which covers the cost of ☒ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$ _ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Darren M. Simon, Reg. No. 47,946

(Name of Applicant, Assignee or Registered Representative)

Signature

June 2, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

By: Darren M. Simon
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Tel. (212) 588-0800